BLAKELY SOKOLOFF TAYLOR @ZAFMAN

A LIMITED LIABILITY PARTNERSHIP INCLUDING LAW CORPORATIONS

TELEPHONE (408) 720-8300

04:36pm

INTELLECTUAL PROPERTY LAW

OTHER OFFICES

FACSIMILE (408) 720-8383

WWW.BSTZ.COM

SILICON VALLEY

LOS ANGELES, CA COSTA MESA / ORANGE COUNTY, CA PORTLAND /BEAVERTON, OR

1279 OAKMEAD PARKWAY SUNNYVALE, CALIFORNIA 94085-4040 SEAVERTON, OR SEATTLE, WA DENVER, CO

FACSIMILE TRANSMITTAL SHEET

RECEIVED CENTRAL PAX CENTER

JUL 1 0 2006

Deliver to:	Examiner: Suresh Surya	wanshi	Art I Inite 0445
Firm Name:	U.S. Patent & Trademark Office		Art Unit: 2115
Fax Number:	571-273-8300		
From:	Michael J. Mallie	Operator:Chri	stanbau D
Date:	July 10, 2006	_operator. <u>cnrs</u>	stopher Burnharte
App. No.;	10/662,110		
No. of pages:	25 (including cover sheet)		
Client/Matter:		Date: <u>July 9, 20</u> 0	06 Atty:JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Fee Transmittal Form (1 page)
- 2) Response to Office Action (18 pages)
- 3) Appendix A (6 pages)

Thank you.

CERTIFICATE OF TRANSMISSION				
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.				
Ву:	Date: <u>July 10, 2006</u>			
Claristopher Burnharte	Date. <u>July 10, 2006</u>			

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES, PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.

RECEIVED

JUL 1 0 2006

From-BST&Z SJ-Office Services

PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0854-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of Information unless it diaptays a valid OMB control number CENTRAL FAX CENTER Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/662,110 FEE TRANSMITTAL Filing Date September 12, 2003 For FY 2006 First Named Inventor Michael A. Rothman Examiner Name Suresh Suryawanshi Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2115 TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attorney Docket No. 42P17245 METHOD OF PAYMENT (check all that apply) Check L _ Credit Card | Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing feo Charge any additional fee(s) or underpayments of fee(s) **V** Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 ٥ 0 O ٥ 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (5) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims <u>Fee (\$)</u> Fee Paid (\$) Multiple Dependent Claims

APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Fee Pald (\$)

1) Extension for response within second month (Fee Code 1252)

- 20 or HP =

- 3 or HP =

Indep. Claims

SUBMITTED BY

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of Independent claims paid for, if greater than 3.

Extra Claims

Fee (\$)

450.00

Fee Paid (\$)

Fee (\$)

Signature	5	Registration No. (Attorney/Agent) 36,591	Telephone 408-720-8300		
Name (Print/Type) Michael J. Mallie			Date July 10, 2006		
This collection of Information is required by 37 CFR 1,138. The information is required to obtain a process to the process to the collection of the collecti					

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is ostimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademerk Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.